

**Fill in this information to identify the case:**

Debtor name Atlanta Pediatric Therapy, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number (if known) 24-51457

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 29, 2024

**X /s/ George Rosero**

Signature of individual signing on behalf of debtor

**George Rosero**

Printed name

**President**

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Atlanta Pediatric Therapy, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA**

Case number (if known) **24-51457**

☐ Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <b>0.00</b>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>110,301.83</b>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>110,301.83</b>

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>959,185.89</b>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>0.00</b>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>568,010.03</b>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <b>1,527,195.92</b>

## Fill in this information to identify the case:

Debtor name Atlanta Pediatric Therapy, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIACase number (if known) 24-51457☐ Check if this is an amended filing

## Official Form 206A/B

## Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

## Part 1: Cash and cash equivalents

## 1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

## 3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. JPMorgan Chase Bank, N.A.Checking3105\$0.003.2. JPMorgan Chase Bank, N.A.Checking3097\$441.873.3. Truist Bank (-755.06)Checking8115\$0.003.4. Truist BankChecking8123\$0.00

## 4. Other cash equivalents (Identify all)

## 5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$441.87

## Part 2: Deposits and Prepayments

## 6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.  
☒ Yes Fill in the information below.

Debtor Atlanta Pediatric Therapy, Inc. Case number (If known) 24-51457  
Name

7. **Deposits, including security deposits and utility deposits**  
Description, including name of holder of deposit

7.1. Security Deposit Doraville, GA Clinic Lease \$3,475.00

7.2. Security Deposit Duluth, GA Clinic Lease \$5,453.33

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$8,928.33

**Part 3: Accounts receivable**

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 31,993.20 - 0.00 = .... \$31,993.20  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 2,827.23 - 0.00 = .... \$2,827.23  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$34,820.43

**Part 4: Investments**

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				

Debtor Atlanta Pediatric Therapy, Inc. Case number (If known) 24-51457  
Name

**Therapist Supplies/**  
**Protocols** \$0.00 \$633.92

23. **Total of Part 5.** \$633.92  
Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No  
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No  
☐ Yes. Book value                      Valuation method                      Current Value

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	<b>Office furniture</b> <u>Office Furniture</u>	<u>\$0.00</u>	<u>Book Value</u>	<u>\$13,148.56</u>
	<b>Furniture and Fixtures</b>	<u>\$0.00</u>	<u>Book Value</u>	<u>\$22,328.72</u>

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**  
**Office Equipment (computers, telephone systems, printers)** \$0.00 \$30,000.00

42. **Collectibles** *Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles*

43. **Total of Part 7.** \$65,477.28  
Add lines 39 through 42. Copy the total to line 86.

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No

Debtor Atlanta Pediatric Therapy, Inc.

Name

Case number (If known) 24-51457

☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☒ No

☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

☐ No. Go to Part 9.

☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48.	Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Copier (leased from Wells Fargo Equipment Finance)	\$0.00		\$0.00

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

☒ No

☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

☒ No

☐ Yes

**Part 9: Real property**

54. Does the debtor own or lease any real property?

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

Debtor Atlanta Pediatric Therapy, Inc. Case number (If known) 24-51457  
Name

55.1.	<u>6035 Peachtree Road</u>			
	<u>Suite C120</u>			
	<u>Doraville, GA 30360</u>	<u>Leasehold</u>	<u>\$0.00</u>	<u>\$0.00</u>

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.  
Copy the total to line 88.

\$0.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No  
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 10: Intangibles and intellectual property**

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes Fill in the information below.

Debtor Atlanta Pediatric Therapy, Inc.  
Name

Case number (If known) 24-51457

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$441.87</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$8,928.33</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$34,820.43</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$633.92</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$65,477.28</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$110,301.83</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$110,301.83</u>



Fill in this information to identify the case:

Debtor name **Atlanta Pediatric Therapy, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA**

Case number (if known) **24-51457**

☐ Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<b>2.1 Atipana Credit</b>	<b>Describe debtor's property that is subject to a lien</b> <b>Atipana Credit Opportunity Fund I, LP</b>	<b>\$29,873.30</b>	<b>\$0.00</b>
Creditor's Name <b>25 SE 2nd Ave Ste 550 PMB 79 Miami, FL 33131</b> Creditor's mailing address	<b>Describe the lien</b>		
Creditor's email address, if known	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Date debt was incurred</b>	<b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
<b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.			

<b>2.2 CFG Merchant Solutions</b>	<b>Describe debtor's property that is subject to a lien</b> <b>File # 007-2024-003898, January 24, 2024, Barrow County Clerk of Superior Court</b>	<b>\$20,640.00</b>	<b>\$0.00</b>
Creditor's Name <b>180 Maiden Ln Suite 1502 New York, NY 10038</b> Creditor's mailing address	<b>Describe the lien</b>		
Creditor's email address, if known	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Date debt was incurred</b>	<b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
<b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply		
<b>Do multiple creditors have an interest in the same property?</b>			

Debtor **Atlanta Pediatric Therapy, Inc.** Case number (if known) **24-51457**

Name

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.3 CSC, as rep**

Creditor's Name

**P.O. Box 2576  
Springfield, IL 62708**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**File # 038-2024-001263, January 17, 2024,  
Coweta County Clekr of Superior Court**

**Unknown**

**Unknown**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.4 CSC, as rep**

Creditor's Name

**P.O. Box 2576  
Springfield, IL 62708**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**File # 038-2024-001344, January 17, 2024,  
Coweta County Clerk of Superior Court**

**Unknown**

**\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.5 CT Corporation System, as rep.**

Creditor's Name

**330 N Brand Blvd  
Suite 700; Attn: SPRS  
Glendale, CA 91203**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**File # 007-2023-059209, December 4, 2023,  
Barrow County Clerk of Superior Court**

**Unknown**

**Unknown**

Describe the lien

Is the creditor an insider or related party?

☒ No

Debtor **Atlanta Pediatric Therapy, Inc.** Case number (if known) **24-51457**

Name

Creditor's email address, if known

☐ Yes

Is anyone else liable on this claim?

Date debt was incurred

☒ No

Last 4 digits of account number

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.6 Eminent Funding, LLC**

Creditor's Name

**1202 Avenue Ste 1115  
Brooklyn, NY 11229**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$16,873.80**

**\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.7 Forest Capital**

Creditor's Name

**Post Office Box 978  
Brooklandville, MD 21022**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$15,195.41**

**\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.8 Funding Metrics, LLC  
(Lendini)**

Describe debtor's property that is subject to a lien

**\$35,190.68**

**\$0.00**

Debtor **Atlanta Pediatric Therapy, Inc.** Case number (if known) **24-51457**

Name

Creditor's Name

**1 Evertrust Plaza  
Suite 1101  
Jersey City, NJ 07302**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.9 **Funding Metrics, LLC  
(Lendini)**

Creditor's Name

**1 Evertrust Plaza  
Suite 1101  
Jersey City, NJ 07302**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$76,106.60**

**\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.10 **Fundr Capital, Inc.**

Creditor's Name

**43 W 23rd Street  
New York, NY 10010**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe debtor's property that is subject to a lien

**\$27,073.30**

**\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor **Atlanta Pediatric Therapy, Inc.** Case number (if known) **24-51457**

Name

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1  
1

**Lending Funding Metrics**

Creditor's Name

**3220 Tillman Drive, Suite 200**

**Bensalem, PA 19020**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**2273**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**\$35,190.68**

**\$0.00**

**Describe the lien**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1  
2

**Lending Funding Metrics**

Creditor's Name

**3220 Tillman Drive, Suite 200**

**Bensalem, PA 19020**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**2728**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**\$76,106.60**

**\$0.00**

**Describe the lien**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1  
3

**Liquidibee 1 LLC**

Creditor's Name

**2999 NE 19th St.  
Miami, FL 33180**

**Describe debtor's property that is subject to a lien**

**\$11,349.45**

**\$0.00**

Debtor **Atlanta Pediatric Therapy, Inc.** Case number (if known) **24-51457**

Name

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1 Payroll Funding Company  
4 LLC

Creditor's Name

10956 Viaje Avenue  
Las Vegas, NV 89135

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$128,082.07

\$0.00

File # 044-2023-004098, July 12, 2023, Dekalb County Clekr of Superior Court

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1 U.S. Small Business  
5 Admin.

Creditor's Name

2 North Street, Suite 320  
Birmingham, AL 35203

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$487,504.00

\$55,000.00

Accounts Receivable  
File #038-2020-028328, June 22, 2020, Coweta County Clerk of Superior Court

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

As of the petition filing date, the claim is:

Check all that apply

Debtor **Atlanta Pediatric Therapy, Inc.**

Name

Case number (if known)

**24-51457**

☒ No

☐ Contingent

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$959,185.89**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did  
you enter the related creditor?

Last 4 digits of  
account number for  
this entity

Fill in this information to identify the case:

Debtor name **Atlanta Pediatric Therapy, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA**

Case number (if known) **24-51457**

☐ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p><b>Chris Carr, Attorney Genr'l GA Office of the Attorney General 40 Capitol Square, SW Atlanta, GA 30334</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Notice Only</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<b>\$0.00</b>	<b>\$0.00</b>
2.2	<p>Priority creditor's name and mailing address</p> <p><b>Georgia Department of Revenue Taxpayer Services Division P.O. Box 105499 Atlanta, GA 30348</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Notice Only</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<b>\$0.00</b>	<b>\$0.00</b>



Debtor	Name	Case number (if known)	24-51457
2.3	Priority creditor's name and mailing address <b>Georgia Department of Labor Suite 900 148 Andrew Young Internat'l Blv Atlanta, GA 30303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00    \$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Notice Only</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.4	Priority creditor's name and mailing address <b>Office of the Chief Co. IRS 1111 Constitution Ave Washington, DC 20224</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00    \$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Notice Only</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.5	Priority creditor's name and mailing address <b>U.S. Attorney 600 Richard B. Russell Buildin 75 Ted Turner Drive, SW Atlanta, GA 30303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00    \$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Notice Only</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.6	Priority creditor's name and mailing address <b>U.S. Attorney General 950 Pennsylvania Avenue, NW Washington, DC 20530-0001</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00    \$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Notice Only</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	<b>Atlanta Pediatric Therapy, Inc.</b> <small>Name</small>	Case number (if known)	<b>24-51457</b>
--------	---	------------------------	-----------------

  

3.1	<b>Nonpriority creditor's name and mailing address</b> <b>Accolade Consultants</b> <b>8308 Dr Office Park</b> <b>Douglasville, GA 30134</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,211.75</b>
3.2	<b>Nonpriority creditor's name and mailing address</b> <b>Applied Pediatrics Inc.</b> <b>6035 Peachtree Road</b> <b>Ste. C120</b> <b>Atlanta, GA 30360</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$199,530.65</b>
3.3	<b>Nonpriority creditor's name and mailing address</b> <b>Availity</b> <b>PO Box 844793</b> <b>Dallas, TX 75284</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,627.25</b>
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Capital One Spark Business</b> <b>Attn: Ricahrd D. Fairbank</b> <b>1680 Capital One Dr.</b> <b>Mc Lean, VA 22102</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,720.34</b>
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Checkr</b> <b>1 Montgomery St, Suite 2400</b> <b>San Francisco, CA 94104</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$257.00</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Cintas Fire</b> <b>PO Box 636525</b> <b>Cincinnati, OH 45263</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$400.21</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>E3 Diagnostics</b> <b>3333 N. Kennicott Ave</b> <b>Arlington Heights, IL 60004</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Good Sold</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$284.89</b>

Debtor	<b>Atlanta Pediatric Therapy, Inc.</b> <small>Name</small>	Case number (if known)	<b>24-51457</b>
--------	---	------------------------	-----------------

  

3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Experity</b> <b>8777 Vlocity Dr</b> <b>Machesney Park, IL 61115</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$600.00</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Jeong Oh America LLC</b> <b>45 Old Peachtree Rd NW Ste 700</b> <b>Suwanee, GA 30024</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37,750.81</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Modio Health Inc.</b> <b>2228 W. Great Neck Rd</b> <b>Suite 205</b> <b>Virginia Beach, VA 23451</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,061.88</b>
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Raintree</b> <b>30650 Rancho California Rd</b> <b>Ste 406 # 208</b> <b>Temecula, CA 92591</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$255,600.00</b>
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Reminder.call</b> <b>115 E. Stevens Ace</b> <b>Suite 300</b> <b>Valhalla, NY 10595</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,766.45</b>
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>RPT LLC</b> <b>Promenade at Pleasant Hill</b> <b>PO Box 350018</b> <b>Duluth, GA 30096</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$32,932.10</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Sfax</b> <b>PO Box 102011</b> <b>Pasadena, CA 91189</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$266.70</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

Debtor **Atlanta Pediatric Therapy, Inc.**  
Name

Case number (if known) **24-51457**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 568,010.03
5c.	\$ 568,010.03

Fill in this information to identify the case:

Debtor name **Atlanta Pediatric Therapy, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA**

Case number (if known) **24-51457**

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Doraville, GA Clinic Lease  
6305 Peachtree Raod Suite C120  
Doraville, GA 30360**

State the term remaining

List the contract number of any government contract

**Jeong Oh America LLC  
45 Old Peachtree Rd NW Ste 700  
Suwanee, GA 30024**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Copier Lease**

State the term remaining

List the contract number of any government contract

**Wells Fargo Equipment Finance  
733 Marquette Ave., Suite 700  
MAC N9306-070  
Minneapolis, MN 55402**

Fill in this information to identify the case:

Debtor name Atlanta Pediatric Therapy, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number (if known) 24-51457

☐ Check if this is an amended filing

# Official Form 206H

## Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 George Rosero 1740 Centry Circle NE Apt. 1375 Atlanta, GA 30345 Atipana Credit ☒ D 2.1 ☐ E/F ☐ G

2.2 George Rosero 1740 Centry Circle NE Apt. 1375 Atlanta, GA 30345 CFG Merchant Solutions ☒ D 2.2 ☐ E/F ☐ G

2.3 George Rosero 1740 Centry Circle NE Apt. 1375 Atlanta, GA 30345 Eminent Funding, LLC ☒ D 2.6 ☐ E/F ☐ G

2.4 George Rosero 1740 Centry Circle NE Apt. 1375 Atlanta, GA 30345 Forest Captial ☒ D 2.7 ☐ E/F ☐ G

Debtor **Atlanta Pediatric Therapy, Inc.**

Case number (if known) **24-51457**

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.5	<b>George Rosero</b>	<b>1740 Centry Circle NE Apt. 1375 Atlanta, GA 30345</b>	<b>Funding Metrics, LLC (Lendini)</b>	<input checked="" type="checkbox"/> D <b>2.8</b> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	----------------------	--	---	--

2.6	<b>George Rosero</b>	<b>1740 Centry Circle NE Apt. 1375 Atlanta, GA 30345</b>	<b>Funding Metrics, LLC (Lendini)</b>	<input checked="" type="checkbox"/> D <b>2.9</b> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	----------------------	--	---	--

2.7	<b>George Rosero</b>	<b>1740 Centry Circle NE Apt. 1375 Atlanta, GA 30345</b>	<b>Fundr Capital, Inc.</b>	<input checked="" type="checkbox"/> D <b>2.10</b> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	----------------------	--	----------------------------	---

2.8	<b>George Rosero</b>	<b>1740 Centry Circle NE Apt. 1375 Atlanta, GA 30345</b>	<b>Lending Funding Metrics</b>	<input checked="" type="checkbox"/> D <b>2.11</b> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	----------------------	--	------------------------------------	---

2.9	<b>George Rosero</b>	<b>1740 Centry Circle NE Apt. 1375 Atlanta, GA 30345</b>	<b>Lending Funding Metrics</b>	<input checked="" type="checkbox"/> D <b>2.12</b> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	----------------------	--	------------------------------------	---

2.10	<b>George Rosero</b>	<b>1740 Centry Circle NE Apt. 1375 Atlanta, GA 30345</b>	<b>Liquidibee 1 LLC</b>	<input checked="" type="checkbox"/> D <b>2.13</b> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
------	----------------------	--	-------------------------	---

2.11	<b>George Rosero</b>	<b>1740 Centry Circle NE Apt. 1375 Atlanta, GA 30345</b>	<b>Payroll Funding Company LLC</b>	<input checked="" type="checkbox"/> D <b>2.14</b> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
------	----------------------	--	--	---

Debtor **Atlanta Pediatric Therapy, Inc.**

Case number (if known) **24-51457**

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.12	<b>George Rosero</b>	<b>1740 Centry Circle NE Apt. 1375 Atlanta, GA 30345</b>	<b>U.S. Small Business Admin.</b>	<input checked="" type="checkbox"/> D <b>2.15</b> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.13	<b>George Rosero</b>	<b>1740 Centry Circle NE Apt. 1375 Atlanta, GA 30345</b>	<b>RPT LLC</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <b>3.13</b> <input type="checkbox"/> G _____
2.14	<b>Kimberly Rosero</b>	<b>1551 Crestline Drive NE Atlanta, GA 30345</b>	<b>RPT LLC</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <b>3.13</b> <input type="checkbox"/> G _____



**Fill in this information to identify the case:**

Debtor name Atlanta Pediatric Therapy, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number (if known) 24-51457

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**Sources of revenue**  
Check all that apply

**Gross revenue**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**  
From 1/01/2024 to Filing Date

☒ Operating a business  
☐ Other \_\_\_\_\_

\$90,784.35

**For prior year:**  
From 1/01/2023 to 12/31/2023

☒ Operating a business  
☐ Other \_\_\_\_\_

\$1,578,441.40

**For year before that:**  
From 1/01/2022 to 12/31/2022

☒ Operating a business  
☐ Other \_\_\_\_\_

\$1,704,885.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

Debtor **Atlanta Pediatric Therapy, Inc.**Case number (if known) **24-51457**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>Fundr Capital, Inc. 43 W 23rd Street New York, NY 10010</b>	<b>11/9/23-2/7/24</b>	<b>\$23,451.24</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.2. <b>CFG Merchant Solutions 180 Maiden Ln Suite 1502 New York, NY 10038</b>	<b>11/9/23-2/7/24</b>	<b>\$15,744.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.3. <b>Forest Capital Post Office Box 978 Brooklandville, MD 21022</b>	<b>11/9/23-2/7/24</b>	<b>\$9,014.61</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.4. <b>Jeong Oh America LLC 45 Old Peachtree Rd NW Ste 700 Suwanee, GA 30024</b>	<b>11/9/23-2/7/24</b>	<b>\$12,241.73</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.5. <b>Jones &amp; Walden, LLC 699 Piedmont Ave, NE Atlanta, GA 30308</b>	<b>2/7/24</b>	<b>\$12,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. <b>Applied Pediatrics Inc. 6035 Peachtree Road Ste. C120 Atlanta, GA 30360 George Rosereo is 100% owner of Applied Pediatrics</b>	<b>2/7/23-2/7/24</b>	<b>\$199,530.65</b>	<b>(Balance Amount) See Ledger</b>

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

Debtor **Atlanta Pediatric Therapy, Inc.**Case number (if known) **24-51457**☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. <b>RPT Realty, L.P. v. Atlanta Pediatric Therapy, Inc., George Rosero, and Kimberly Rosero</b> <b>23CV10533</b>	<b>Breach of Contract</b> <b>(Promenade at Pleasant Hill, Duluth, GA Lease)</b>	<b>Superior Court of Dekalb County</b> <b>556 N. McDonough Street</b> <b>Dacula, GA 30030</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

Debtor **Atlanta Pediatric Therapy, Inc.**Case number (if known) **24-51457**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<b>Jones &amp; Walden, LLC</b> <b>699 Piedmont Ave, NE</b> <b>Atlanta, GA 30308</b>		<b>2/7/2024</b>	<b>\$12,000.00</b>
	Email or website address <b>joneswalden.com</b>			
	Who made the payment, if not debtor?			

## 12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

## 13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	--	------------------------	-----------------------

## Part 7: Previous Locations

### 14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy From-To
14.1.	<b>Promenade at Pleasant Hill</b> <b>Space NO A-102</b> <b>Duluth, GA 30096</b>	<b>10/17/2022 to 8/2023</b>

## Part 8: Health Care Bankruptcies

### 15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:  
- diagnosing or treating injury, deformity, or disease, or  
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

Debtor **Atlanta Pediatric Therapy, Inc.**Case number (if known) **24-51457**

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

**First and Last Name****Physical Address****Email Address**

Does the debtor have a privacy policy about that information?

- ☒ No
- ☐ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	JP Morgan Chase Bank PO Box 15369 Wilmington, DE 19850	XXXX-3113	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	2/5/24	\$0.00
18.2.	JP Morgan Chase Bank PO Box 15369 Wilmington, DE 19850	XXXX-3121	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	2/5/24	\$0.00
18.3.	JP Morgan Chase Bank PO Box 15369 Wilmington, DE 19850	XXXX-3139	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	2/5/24	\$0.00

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Debtor **Atlanta Pediatric Therapy, Inc.**Case number (if known) **24-51457**☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
---	--	-----------------------------	----------------------------

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<b>Gaurdian Self Storage</b> <b>5305 Peachtree Blvd</b> <b>Atlanta, GA 30341</b>	<b>George Rosero</b> <b>1740 Century Cir. NE</b> <b>Apt. 1375</b> <b>Atlanta, GA 30345</b>	<b>Furniture, old patient records</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Debtor **Atlanta Pediatric Therapy, Inc.**

Case number (if known) **24-51457**

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address

Describe the nature of the business

Employer identification number

Do not include Social Security number or ITIN.

Dates business existed

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service  
From-To

26a.1. **Jaypee Lacson**  
**#628 Sitio Calero Tibag**  
**Tarlac City, Philippines**

**May 2022 - Present**

26a.2. **Shawn Orth, CPA (Lacey & Orth)**  
**151 Locust Street**  
**Avondale Estates, GA 30002**

**2018 to Present**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are  
unavailable, explain why

26c.1. **Jaypee Lacson**  
**#628 Sitio Calero Tibag**  
**Tarlac City, Philippines**

26c.2. **Shawn Orth, CPA (Lacey & Orth)**  
**151 Locust Street**  
**Avondale Estates, GA 30002**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **Atipana Credit**  
**25 SE 2nd Ave**  
**Ste 550 PMB 79**  
**Miami, FL 33131**

Debtor **Atlanta Pediatric Therapy, Inc.**

Case number (if known) **24-51457**

**Name and address**

26d.2. **CFG Merchant Solutions**  
180 Maiden Ln  
Suite 1502  
New York, NY 10038

26d.3. **Eminent Funding, LLC**  
1202 Avenue Ste 1115  
Brooklyn, NY 11229

26d.4. **Forest Captial**  
Post Office Box 978  
Brooklandville, MD 21022

26d.5. **Funding Metrics, LLC (Lendini)**  
1 Evertrust Plaza  
Suite 1101  
Jersey City, NJ 07302

26d.6. **Fundr Capital, Inc.**  
43 W 23rd Street  
New York, NY 10010

26d.7. **Lending Funding Metrics**  
3220 Tillman Drive, Suite 200  
Bensalem, PA 19020

26d.8. **Liquidibee 1 LLC**  
2999 NE 19th St.  
Miami, FL 33180

26d.9. **Payroll Funding Company LLC**  
10956 Viaje Avenue  
Las Vegas, NV 89135

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No  
☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory**

**Date of inventory**

**The dollar amount and basis (cost, market, or other basis) of each inventory**

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
George Rosero	1740 Centry Circle NE Apt. 1375 Atlanta, GA 30345	President and CEO, Equity	100

**29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**

- ☒ No  
☐ Yes. Identify below.

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?



Debtor Atlanta Pediatric Therapy, Inc.Case number (if known) 24-51457

- ☐ No
- ☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	George Rosero 1740 Centry Circle NE Apt. 1375 Atlanta, GA 30345	48,000.00	2/7/23-2/7/24	Compensation
	Relationship to debtor President, CEO, 100% owner			
30.2	George Rosero 1740 Centry Circle NE Apt. 1375 Atlanta, GA 30345	33,292.04	2/7/23 - 2/7/24	Distributions
	Relationship to debtor President, CEO, 100% owner			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
- ☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
--------------------------	--

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 29, 2024

/s/ George Rosero  
Signature of individual signing on behalf of the debtor

George Rosero  
Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
- ☐ Yes

SOFA #4

**Atlanta Pediatric Therapy  
Transaction Report  
February 7, 2023 - February 7, 2024**

Date	Memo/Description	Account	Split	Amount
02/07/2023	To close the AR from AP	Due To Applied Pediatrics, Inc	-Split-	-525.00
02/07/2023	To close the AR from AP	Due To Applied Pediatrics, Inc	-Split-	-700.00
02/07/2023	Online Transfer to CHK ...1561 t ransaction#: 16500445694 02/07	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-318.40
02/07/2023	Online Transfer to CHK ...1579 t ransaction#: 16500455638 02/07	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-1,200.00
02/08/2023	Online Transfer to CHK ...1561 t ransaction#: 16513787021 02/08	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-6,100.00
02/09/2023	To Transfer the Balance amount of payable paid by ERC to AP	Due To Applied Pediatrics, Inc	-Split-	-58,525.07
02/09/2023	Online Transfer to CHK ...1561 t ransaction#: 16522746444 02/09	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-700.00
02/10/2023	Online Transfer to CHK ...1561 t ransaction#: 16535166399 02/10	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-2,543.33
02/10/2023	Online Transfer to CHK ...1579 t ransaction#: 16533918756 02/10	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-4,350.00
02/13/2023	Online Transfer to CHK ...1561 t ransaction#: 16563068483 02/13	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-215.38
02/14/2023	Online Transfer to CHK ...1579 t ransaction#: 16572555389 02/14	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-1,194.52
02/14/2023	Online Transfer to CHK ...1561 t ransaction#: 16576293895 02/14	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-16,000.00
02/14/2023	Online Transfer to CHK ...1561 t ransaction#: 16572556144 02/14	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-400.00
02/16/2023	Online Transfer from CHK ...1579 transaction#: 16595889969	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	17,000.00
02/16/2023	Online Transfer to CHK ...1561 t ransaction#: 16598818992 02/16	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-510.00
02/16/2023	Online Transfer to CHK ...1561 t ransaction#: 16593055094 02/16	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-25,000.00
02/17/2023	Online Transfer to CHK ...1561 t ransaction#: 16608027099 02/17	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-4,500.00
02/17/2023	Online Transfer to CHK ...1579 t ransaction#: 16607802760 02/17	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-3,000.00
02/22/2023	Online Transfer to CHK ...1561 t ransaction#: 16645874272 02/22	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-1,000.00
02/23/2023	Online Transfer to CHK ...1579 t ransaction#: 16655968942 02/23	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-1,100.00
02/23/2023	Online Transfer to CHK ...1561 t ransaction#: 16655984328 02/23	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-2,400.00
02/23/2023	Online Transfer to CHK ...1561 t ransaction#: 16655181679 02/23	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-100.00
02/24/2023	Online Transfer to CHK ...1561 t ransaction#: 16661072763 02/24	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-1,000.00
02/28/2023	Online Transfer to CHK ...1579 t ransaction#: 16693053758 02/28	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-1,695.35
02/28/2023	Online Transfer to CHK ...1561 t ransaction#: 16698855800 02/28 ORIG CO NAME:CAPITAL ONE ORIG ID:9279744380 DESC DATE:230228 CO ENTRY DESCR:MOBILE PMTSEC:WEB TRACE#:056073619861660 EED:230301 IND ID:3R6G41UFXM0728Q IND NAME:GEORGE S ROSE RO TRN: 0599861660TC	Due To Applied Pediatrics, Inc	Chase-APT Income 3105 *	-650.00
03/01/2023	Online Transfer to CHK ...1561 t ransaction#: 16706654695 03/01	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-500.00
03/01/2023	Online Transfer to CHK ...1561 t ransaction#: 16706654695 03/01	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-3,400.00
03/02/2023	Online Transfer to CHK ...1561 t ransaction#: 16721861524 03/02	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-700.00
03/03/2023	Online Transfer to CHK ...1561 t ransaction#: 16729450651 03/03	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-188.88
03/03/2023	Online Transfer to CHK ...1579 t ransaction#: 16728337077 03/03 ONLINE DOMESTIC WIRE TRANSFER VI A: BK AMER NYC/026009593 A/C: UNITED EMPLOYEE SERVICES CLEARWATER FL 33763 US REF: ATLANTAPEDIATRICTHERAPY PAYROLL BALANCE IMAD: 0303B1QGC07C009367 TRN: 3223723062ES 03/03	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-3,614.77
03/03/2023	Online Transfer to CHK ...1561 t ransaction#: 16728337077 03/03 ONLINE DOMESTIC WIRE TRANSFER VI A: BK AMER NYC/026009593 A/C: UNITED EMPLOYEE SERVICES CLEARWATER FL 33763 US REF: ATLANTAPEDIATRICTHERAPY PAYROLL BALANCE IMAD: 0303B1QGC07C009367 TRN: 3223723062ES 03/03	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-632.21
03/06/2023	Online Transfer to CHK ...1561 t ransaction#: 16749751085 03/06	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-300.00
03/07/2023	Online Transfer to CHK ...1579 t ransaction#: 16763150489 03/07	Due To Applied Pediatrics, Inc	Chase-APT Income 3105 *	-3,412.10
03/08/2023	Online Transfer to CHK ...1561 t ransaction#: 16772401646 03/08	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-2,000.00
03/08/2023	Online Transfer to CHK ...1561 t ransaction#: 16771419996 03/08	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-600.00
03/10/2023	Online Transfer to CHK ...1561 t ransaction#: 16790538853 03/10	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-500.00
03/10/2023	Online Transfer to CHK ...1579 t ransaction#: 16790521361 03/10	Due To Applied Pediatrics, Inc	Chase-APT Income 3105 *	-4,400.00
03/10/2023	Online Transfer to CHK ...1561 t ransaction#: 16794205184 03/10	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-750.00
03/14/2023	Online Transfer to CHK ...1561 t ransaction#: 16822599344 03/14	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-750.00
03/14/2023	Online Transfer to CHK ...1579 t ransaction#: 16822151942 03/14	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-3,500.00
03/14/2023	Online Transfer to CHK ...1561 t ransaction#: 16820823423 03/14	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-749.12
03/14/2023	Online Transfer to CHK ...1561 t ransaction#: 16825500632 03/14	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-8,600.00
03/16/2023	Zelle payment to Claire Abel JPM 999u4pbza	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-325.00
03/17/2023	Online Transfer to CHK ...1561 t ransaction#: 16850417118 03/17	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-2,200.00
03/17/2023	Online Transfer to CHK ...1561 t ransaction#: 16852973370 03/17	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-1,100.00

03/20/2023	Online Transfer to CHK ...1579 t ransaction#: 16873015348 03/20	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-4,200.00
03/21/2023	Online Transfer to CHK ...1561 t ransaction#: 16880423632 03/21	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-24.76
03/24/2023	Online Transfer to CHK ...1561 t ransaction#: 16907722549 03/24	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-2,500.00
03/24/2023	Online Transfer to CHK ...1561 t ransaction#: 16908208653 03/24	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-150.00
03/24/2023	Online Transfer to CHK ...1579 t ransaction#: 16906126334 03/24	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-3,041.48
03/28/2023	Online Transfer to CHK ...1579 t ransaction#: 16935184031 03/28	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-4,609.33
03/30/2023	Online Transfer to CHK ...1579 t ransaction#: 16954115510 03/30	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-3,000.00
03/31/2023	Online Transfer to CHK ...1579 t ransaction#: 16961511561 03/31	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-4,300.00
03/31/2023	Angela Lee Supervision Fee 2/15-28/2023	Due To Applied Pediatrics, Inc	-Split-	-100.00
04/03/2023	Online Transfer to CHK ...1561 t ransaction#: 16996223884 04/03	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-250.00
04/04/2023	Online Transfer to CHK ...1579 t ransaction#: 17002391230 04/04	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-897.92
04/04/2023	Online Transfer to CHK ...1561 t ransaction#: 17002396890 04/04	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-81.00
04/05/2023	Online Transfer to CHK ...1579 t ransaction#: 17012822807 04/05	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-419.03
04/06/2023	Online Transfer to CHK ...1561 t ransaction#: 17018358879 04/06	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-775.00
04/06/2023	Online ACH Payment 11015661176 T o MariamMoldenhauer (_#####8691) - Mariam 2nd Invoice for period of 2/15-28/2023	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-350.00
04/06/2023	Online Transfer to CHK ...1561 t ransaction#: 17022838154 04/06	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-700.00
04/07/2023	Online Transfer to CHK ...1579 t ransaction#: 17029515321 04/07	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-3,895.35
04/10/2023	Online Transfer to CHK ...1561 t ransaction#: 17038573390 04/10	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-250.00
04/11/2023	Online Transfer to CHK ...1579 t ransaction#: 17059402052 04/11	Due To Applied Pediatrics, Inc	Chase-APT Income 3105 *	-4,609.33
04/12/2023	Online Transfer to CHK ...1561 t ransaction#: 17067034414 04/12	Due To Applied Pediatrics, Inc	Chase-APT Income 3105 *	-400.00
04/13/2023	Online Transfer to CHK ...1579 t ransaction#: 17075967150 04/13	Due To Applied Pediatrics, Inc	Chase-APT Income 3105 *	-18,621.88
04/13/2023	Online Transfer to CHK ...1579 t ransaction#: 17076764591 04/13	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-7,500.00
04/17/2023	Online Transfer to CHK ...1561 t ransaction#: 1711317827 04/17	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-4,888.00
04/18/2023	Online Transfer to CHK ...1561 t ransaction#: 17119850352 04/18	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-200.00
04/19/2023	Online Transfer to CHK ...1561 t ransaction#: 17129766772 04/19	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-3,087.50
04/19/2023	Online Transfer to CHK ...1579 t ransaction#: 17129772137 04/19	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-900.00
04/19/2023	Online Transfer to CHK ...1561 t ransaction#: 17128299375 04/19	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-7,200.00
04/19/2023	Online RealTime vendor payment 11016677234 Payment Id REFERENCE#: 1016677234RX to Mariam Moldenhauer 8691	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-700.00
04/19/2023	Online Transfer to CHK ...1561 t ransaction#: 17129784684 04/19	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-800.00
04/19/2023	Online Transfer to CHK ...1561 t ransaction#: 17130709330 04/19	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-559.26
04/25/2023	Online Transfer to CHK ...1561 t ransaction#: 17178004376 04/25	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-98.00
04/25/2023	Online Transfer to CHK ...1561 t ransaction#: 17177986456 04/25	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-1,700.00
04/25/2023	Online Transfer to CHK ...1561 t ransaction#: 17177630284 04/25	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-1,750.00
04/28/2023	Online Transfer to CHK ...1561 t ransaction#: 17210391943 04/28	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-1,000.00
05/01/2023	Online Transfer to CHK ...1561 t ransaction#: 17236842112 05/01	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-511.00
05/03/2023	Online Transfer to CHK ...1561 t ransaction#: 17253124368 05/03	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-511.00
05/04/2023	Online Transfer to CHK ...1561 t ransaction#: 17263822413 05/04	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-1,118.01
05/11/2023	Online Transfer to CHK ...1561 t ransaction#: 17322902261 05/11	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-878.55
05/12/2023	Online Transfer to CHK ...1561 t ransaction#: 17338754752 05/12	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-10,835.00
05/15/2023	Online Transfer to CHK ...1561 t ransaction#: 17361119517 05/15	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-700.00
05/15/2023	Online Transfer to CHK ...1561 t ransaction#: 17345713258 05/15	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-150.00
05/15/2023	Online Transfer to CHK ...1561 t ransaction#: 17359291334 05/15	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-950.00
05/15/2023	Online Transfer to CHK ...1561 t ransaction#: 17362898853 05/15	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-350.00
05/17/2023	Online Transfer to CHK ...1561 t ransaction#: 17378933223 05/17	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-2,125.04
05/17/2023	Online Transfer to CHK ...1561 t ransaction#: 17376714494 05/17	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-500.00
05/18/2023	Online Transfer to CHK ...1561 t ransaction#: 17387526291 05/18	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-1,166.00
05/24/2023	Online Transfer to CHK ...1561 t ransaction#: 17432709943 05/24	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-600.00
05/24/2023	Online Transfer to CHK ...1561 t ransaction#: 17434639901 05/24 ONLINE DOMESTIC WIRE TRANSFER VI A: BK AMER NYC/026009593 A/C: UNITED EMPLOYEE SERVICES CLEARWATER FL 33763 US REF: APPLIED PEDIATRICS PAYROLL-PARTIAL PAYMENT IMAD: 0525B1QGC01C009665 TRN: 3173333145ES 05/25	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-2,236.02
05/25/2023		Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-10,000.00
05/26/2023	Online Transfer to CHK ...1561 t ransaction#: 17453039818 05/26	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-687.55

05/26/2023	Online Transfer to CHK ...1561 t ransaction#: 17452973744 05/26	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-57.87
06/01/2023	Online Transfer to CHK ...1561 t ransaction#: 17501473870 06/01	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-18,219.79
06/02/2023	Online Transfer to CHK ...1561 t ransaction#: 17514636370 06/02	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-55.00
06/05/2023	Online Transfer to CHK ...1561 t ransaction#: 17542410595 06/05	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-800.00
06/14/2023	Applied Payroll	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-15,000.00
06/14/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 06/14	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-9,000.00
06/16/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 06/16	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-2,108.50
06/26/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 06/26	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-5,404.49
06/27/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 06/27	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-400.00
06/28/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 06/28	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-30,000.00
06/29/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 06/29	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-10,000.00
06/30/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 06/30	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-491.50
06/30/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 06/30	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-3,887.15
06/30/2023	Online ACH Payment XXXXXXXXXXXX To AngelaWall (_#####0476)	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-100.00
07/02/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 07/03	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-810.11
07/04/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-130.00
07/06/2023	Online ACH Payment XXXXXXXXXXXX To Cecilia (_#####2285)	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-400.00
07/07/2023	ONLINE DOMESTIC WIRE TRANSFER VIA: BK AMER NYC/XXXXXXXXX A/C: UNITED EMPLOYEE SERVICES CLEARWATER FL XXXXX US REF: ATLANTAPEDIATRICTHERAPY PAYROLL IMAD: X707B1Q GCXXCXXXXX TRN: XXXXXXXXXXXX 07/07	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-9,000.00
07/13/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 07/13	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-181.54
07/14/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 07/14	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-1,500.00
07/18/2023	Online Transfer from CHK ...XXXX transaction#: XXXXXXX0680	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	100.00
07/19/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 07/19	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-134.62
07/25/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 07/25	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-600.00
07/25/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 07/25	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-250.00
07/26/2023	ONLINE DOMESTIC WIRE TRANSFER VIA: BK AMER NYC/XXXXXXXXX A/C: UNITED EMPLOYEE SERVICES CLEARWATER FL XXXXX US REF: PAYMENT TO LOAN IMAD: XXXXBQGCXXCXX2143 TRN: XXXXXXXXXXXXES 07/26	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-17,091.18
07/27/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 07/27	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-400.00
08/01/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 08/01	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-57.32
08/01/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 08/01	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-250.00
08/02/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 08/02	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-630.00
08/02/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 08/02	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-400.00
08/02/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 08/02	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-725.00
08/02/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 08/02	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-44.00
08/04/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 08/04	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-200.00
08/04/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 08/04	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-1,390.00
08/04/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 08/04	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-2,688.00
08/04/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 08/04	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-500.00
08/04/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 08/04	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-1,018.01
08/04/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 08/04	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-222.00
08/07/2023	ONLINE DOMESTIC WIRE TRANSFER VIA: BK AMER NYC/XXXXXXXXX A/C: UNITED EMPLOYEE SERVICES CLEARWATER FL X3763 US REF: APPLIED PEDIATRICS PAYROLL LOAN REPAYMENT IMA D: XXXXBQGCXXCXXXXX TRN: XXXXXXXXXXXXES 08/07	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-8,545.59
08/09/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 08/09	Due To Applied Pediatrics, Inc	Chase-APT Income 3105 *	-260.00
08/14/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 08/14	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-700.00
08/14/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 08/14	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-5,340.00
08/14/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 08/14	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-14,021.00
08/16/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 08/16	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-1,725.19
08/16/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 08/16	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-100.00
08/21/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 08/21	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-240.91
08/22/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 08/22	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-50.00
08/22/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 08/22	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-250.00
08/23/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 08/23	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-800.00

08/29/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 08/29	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-140.40
08/29/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 08/29	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-250.00
08/30/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 08/30	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-700.00
08/31/2023	Jaypee & Rosallie Salary 50%	Due To Applied Pediatrics, Inc	-Split-	-1,200.00
09/03/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 09/05	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-605.00
09/03/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 09/05	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-250.00
09/06/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 09/06	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-200.00
09/08/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 09/08 ORIG CO NAME:CAPITAL ONE ORIG ID:XXXXXXXXXX DESC DATE:XXXXXX CO ENTRY DESCR:MOBILE PMTSEC:WEB TRACE#:XXXXXXXXXXXXXXXXX EED:XXXXX1 IND ID:3SAYTK25KYVXFRF IND NAME: GEORGE S ROSETRN: XXXXXX4514TC	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-200.00
09/09/2023		Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-300.00
09/11/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 09/11	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-50.00
09/12/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 09/12	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-250.00
09/12/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 09/12	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-400.00
09/14/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 09/14	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-3,000.00
09/14/2023	50% Cost of Salary Move to Applied for Jaypee,Rosallie and Full Salary of Mary	Due To Applied Pediatrics, Inc	-Split-	-734.32
09/16/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 09/18	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-5.13
09/18/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 09/18	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-4,250.00
09/19/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 09/19	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-155.06
09/20/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 09/20	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-250.00
09/20/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 09/20 Online RealTime vendor payment XXXXXXXXXXXX Payment Id REFERENCE#: XXXXXXXXXXXXRX to Amy Aguayo 7669	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-300.00
09/21/2023		Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-60.00
09/28/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 09/28	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-250.00
09/28/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 09/28 ONLINE DOMESTIC WIRE TRANSFER VIA: BK AMER NYC/XXXXXXXXXX A/C: UNITED EMPLOYEE SERVICES CLEARWATER FL XXXXX US REF: APPLIED PEDIATRICS PAYROLL PAYMENT IMAD: 0928 BXQGCXKCXXXXXX TRN: XXXXXXXXXXXXES 09/28	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-500.00
09/28/2023		Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-6,000.00
09/29/2023	50% Cost of Salary Move to Applied for Jaypee,Rosallie and Full Salary of Mary	Due To Applied Pediatrics, Inc	-Split-	-1,625.00
09/29/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 09/29	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-1,543.00
09/29/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 09/29	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-140.40
09/30/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 10/02	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-450.00
10/03/2023	ALLSTATE *PAYMENT	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-42.50
10/04/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 10/04	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-2,225.28
10/04/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 10/04	Due To Applied Pediatrics, Inc	Chase-APT Income 3105 *	-1,038.00
10/04/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 10/04	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-250.00
10/04/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 10/04	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-35.53
10/06/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 10/06	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-900.00
10/09/2023	Indeed Jobs	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-120.00
10/09/2023	Indeed Jobs	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-500.92
10/10/2023	CHECK # 1432	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-100.00
10/11/2023	Online ACH Payment XXXXXXXXXXXX To Amy Aguayo (_######7669)	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-30.00
10/11/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 10/11 ORIG CO NAME:CAPITAL ONE ORIG ID:XXXXXXXXXX DESC DATE:XXXXXX CO ENTRY DESCR:MOBILE PMTSEC:WEB TRACE#:XXXXXXXXXXXXXXXXX EED:XXXXX12 IND ID:3SHXDXGNS2PCHZU IND NAME: GEORGE S ROSETRN: XXXXXX1110TC	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-1,566.60
10/12/2023		Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-1,800.00
10/12/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 10/12	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-2,106.00
10/13/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 10/13	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-5,266.05
10/13/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 10/13	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-5.15
10/16/2023	To enter the correct amount of balance	Due To Applied Pediatrics, Inc	-Split-	-5,999.44
10/17/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 10/17	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-1,748.00
10/17/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 10/17	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-144.00
10/17/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 10/17	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-36.00
10/17/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 10/17	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-9,000.00
10/18/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 10/18	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-250.00
10/18/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 10/18	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-285.15

10/19/2023	LANIER PARKING 21063400	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-6.00
10/20/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 10/20	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-200.00
10/21/2023	Indeed Jobs	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-501.42
10/21/2023	TIME DOCTOR	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-120.00
10/23/2023	APPLE.COM/BILL	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-6.99
10/23/2023	SXM*SIRIUSXM.COM/ACCT	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-23.05
10/23/2023	APPLE.COM/BILL	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-2.99
10/23/2023	APPLE.COM/BILL	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-18.99
10/23/2023	QT 709	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-22.40
10/24/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 10/24	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-300.00
10/25/2023	Online Transfer to CHK ...XXXX transaction#: XXXXXXXXXXXX 10/25	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-250.00
10/25/2023	ATT*BILL PAYMENT	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-80.30
10/26/2023	Online RealTime vendor payment XXXXXXXXXXXX Payment Id REFERENCE#: XXXXXXXXXXXRX to Amy Aguayo 7669	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-30.00
10/26/2023	ALLSTATE *PAYMNT	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-78.90
10/28/2023	APPLE.COM/BILL	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-16.99
10/28/2023	APPLE.COM/BILL	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-9.99
10/28/2023	APPLE.COM/BILL	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-0.99
10/28/2023	APPLE.COM/BILL	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-23.98
10/31/2023	Online Transfer to CHK ...1561 transaction#: 18869328101 10/31	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-440.40
10/31/2023	Online Transfer to CHK ...1561 transaction#: 18871078839 10/31	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-284.67
10/31/2023	Online Transfer to CHK ...1561 transaction#: 18871287078 10/31	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-8,866.50
10/31/2023	50% Salary of Jaypee and Rosallie move to AP	Due To Applied Pediatrics, Inc	-Split-	-1,332.24
11/01/2023	Online Transfer to CHK ...1561 transaction#: 18881402544 11/01	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-400.00
11/02/2023	Online ACH Payment 11113161760 To AmyAguayo (_#####7669)	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-30.00
11/02/2023	ALLSTATE *PAYMENT	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-42.50
11/02/2023	Indeed Jobs	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-257.91
11/02/2023	AMZN Mktp US*PP86M3JE3	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-18.42
11/02/2023	APPLE.COM/BILL	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-9.99
11/06/2023	Online Transfer to CHK ...1561 transaction#: 18933995803 11/06	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-100.00
11/06/2023	APPLE.COM/BILL	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-0.99
11/07/2023	TOPECHELON.COM 11-06 330-455-1433 OH 2581 DEBIT CARD RECURRING PYMT	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-441.50
11/09/2023	Indeed Jobs 11-08 800-4625842 TX2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-120.00
11/09/2023	TOPECHELON.COM 11-08 330-455-1433 OH 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-30.17
11/10/2023	Online Transfer to CHK ...1579 transaction#: 18976998821 11/10	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-250.00
11/11/2023	APPLE.COM/BILL	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-2.99
11/14/2023	Online Transfer to CHK ...1561 transaction#: 19003638122 11/14	Due To Applied Pediatrics, Inc	Chase-APT Income 3105 *	-5,900.00
11/14/2023	Indeed Jobs 11-13 800-4625842 TX2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-503.17
11/15/2023	Online Transfer to CHK ...1561 transaction#: 19012595994 11/15	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-300.00
11/15/2023	Online Transfer to CHK ...1561 transaction#: 19018267342 11/15	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-1,120.00
11/15/2023	Online Transfer to CHK ...1561 transaction#: 19012325157 11/15	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-2,000.00
11/17/2023	ALLSTATE *PAYME 11-16 800-255-7828 IL 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-1,716.85
11/24/2023	Indeed 86031389 11-22 800-4625842 TX 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-505.63
11/24/2023	SXM*SIRIUSXM.COM/ACCT	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-23.05
11/27/2023	ATT* BILL PAYMENT 11-25 800-331-0500 TX 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-948.42
11/27/2023	ATT*BILL PAYMENT	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-80.30
11/28/2023	INTUIT *TSheets 11-27 CL.INTUIT.COM CA 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-204.00
11/28/2023	INTUIT *QBooks Onl 11-27 CL.INTUIT.COM CA 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-90.00
11/29/2023	TOPECHELON.COM 11-28 330-455-1433 OH 2581 DEBIT CARD RECURRING PYMT	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-1.30
11/29/2023	BambooHR HRIS 11-28 866-3879595UT 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-147.60
11/30/2023	QT 709 11-28 ATLANTA GA 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-4.70

11/30/2023	Online Transfer to CHK ...1561 transaction#: 19146805672 11/30	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-26,000.00
11/30/2023	Online Transfer to CHK ...1561 transaction#: 19149368080 11/30	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-22,000.00
11/30/2023	50% Salary move to Applied - Jaypee & Rosallie	Due To Applied Pediatrics, Inc	-Split-	-1,367.50
12/04/2023	TOPECHELON.COM 12-01 330-455-1433 OH 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-499.50
12/04/2023	ZOOM.US 888-799-96 12-03 WWW.ZOOM.US CA 2581 DEBIT CARD RECURRING PYMT	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-15.99
12/04/2023	CHEVRON 0205589 12-03 NEWNAN GA2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-28.89
12/04/2023	Indeed 86619467 12-01 800-4625842 TX 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-243.31
12/04/2023	SHOYA JAPANESE RES 12-02 DORAVILLE GA 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-91.00
12/04/2023	TOUS LES JOURS DOR 12-01 DORAVILLE GA 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-10.63
12/05/2023	Online Transfer to CHK ...1579 transaction#: XXXXXX0245 12/05	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-250.00
12/05/2023	Online Transfer to CHK ...1561 transaction#: XXXXXX0700 12/05	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-200.00
12/05/2023	ALLSTATE *PAYMN 12-04 800-255-7828 IL 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-157.88
12/06/2023	Online Transfer to CHK ...1579 transaction#: XXXXXX4189 12/06	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-991.69
12/06/2023	ATT*BILL PAYMENT	Due To Applied Pediatrics, Inc	Capital One Spark Visa-3090/6620*	-139.97
12/07/2023	GSMA 12-06 407-774-7880 GA 2581DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-250.00
12/08/2023	CHECKR, INC CHECKR 12-07 HTTPSCHECKR.C CA 2581 DEBIT CARD RECURRING PYMT	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-45.75
12/08/2023	BambooHR HRIS 12-07 866-3879595UT 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-147.60
12/11/2023	Indeed 86830561 12-08 800-4625842 TX 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-120.00
12/12/2023	ZOOM.US 888-799-96 12-11 WWW.ZOOM.US CA 2581 DEBIT CARD RECURRING PYMT	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-15.99
12/12/2023	ATT* BILL PAYMENT 12-11 800-331-0500 TX 2581 DEBIT CARD RECURRING PYMT	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-460.39
12/12/2023	ASSOC CAREER CENTE 12-11 WEBSCRIBBLE.C NY 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-350.00
12/12/2023	INTERMEDIA.NET INC 12-11 800-379-7729 WA 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-106.34
12/12/2023	Online Transfer to CHK ...1561 transaction#: XXXXXX6788 12/12	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-3,571.00
12/19/2023	Indeed 86999822 12-19 800-4625842 TX 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-500.53
12/20/2023	TIME DOCTOR 12-19 HTTPSTIMEDOCTNV 2581 DEBIT CARD RECURRING PYMT	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-120.00
12/26/2023	ALLSTATE *PAYME 12-23 800-255-7828 IL 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-1,716.86
12/26/2023	SAMS CLUB SAM'S CLUB 12-24-23 ATLANTA 2581 DEBIT CARD PURCHASE-PIN	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-36.51
12/26/2023	SAMSClub #6643 12-24 ATLANTA GA2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-189.44
12/28/2023	New Bank Account from Applied	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-300.00
12/28/2023	INTUIT *QBooks Onl 12-27 CLINTUIT.COM CA 2581 DEBIT CARD RECURRING PYMT	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-294.00
12/28/2023	Online Transfer to CHK ...1561 transaction#: XXXXXX4238 12/28	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-19,065.99
12/28/2023	Online Transfer to CHK ...1561 transaction#: XXXXXX5848 12/28	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-12,000.00
12/28/2023	Online ACH Payment XXXXXX0783 To JillTorres (_#####5590)	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-131.25
12/28/2023		Due To Applied Pediatrics, Inc	-Split-	-300.00
12/29/2023	50% Salary move to Applied - Jaypee & Rosallie	Due To Applied Pediatrics, Inc	-Split-	-1,357.23
12/29/2023	Online Transfer to CHK ...1561 transaction#: XXXXXX5267 12/29	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-1,896.00
12/29/2023	Online Transfer to CHK ...1561 transaction#: XXXXXX1128 12/29	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-0.50
12/29/2023	To move the balance of APT UES Payroll	Due To Applied Pediatrics, Inc	-Split-	-10,958.30
01/02/2024	TOPECHELON.COM 01-01 330-455-1433 OH 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-499.50
01/02/2024	Indeed 87158682 12-29 800-4625842 TX 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-501.47
01/03/2024	Online Transfer to CHK ...1561 transaction#: XXXXXX4031 01/03	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-157.00
01/03/2024	Online Transfer to CHK ...1579 transaction#: XXXXXX3255 01/03	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-250.00
01/05/2024	ZOOM.US 888-799-96 01-04 WWW.ZOOM.US CA 2581 DEBIT CARD RECURRING PYMT	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-15.99
01/05/2024	Online Transfer to CHK ...1579 transaction#: XXXXXX9343 01/05	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-588.47
01/06/2024	Loan to Pay Alexis and move to Applied	Due To Applied Pediatrics, Inc	-Split-	-360.00
01/08/2024	BambooHR HRIS 01-07 866-3879595UT 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-147.60
01/11/2024	INTERMEDIA.NET INC 01-10 800-379-7729 WA 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-106.33
01/12/2024	Online Transfer to CHK ...1561 transaction#: XXXXXX4397 01/12	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-6,820.00
01/12/2024	Online Transfer to CHK ...1561 transaction#: XXXXXX3852 01/12	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-150.00
01/12/2024	ATT* BILL PAYMENT 01-11 800-331-0500 TX 2581 DEBIT CARD RECURRING PYMT	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-453.39

01/16/2024	Apt Chase Income PAYMENT ID BBT212851126 ZELLE BUSINESS PAYMENT TO	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-125.00
01/18/2024	Online Transfer to CHK ...1561 transaction#: XXXXXX3159 01/18 ORIG CO NAME:Wise Inc ORIG ID:XXXXXX3521 DESC DATE:240118 CO ENTRY DESCR:WISE SEC:CCD TRACE#:XXXXXXXX1085277 EED:240118 IND ID:Jan 15 2023 Pay IND NAME:Applied Pediatrics Inc XXXX0533 TRN: XXXXXX5277 TC	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-350.00
01/18/2024		Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-289.74
01/22/2024	ALLSTATE *PAYMN 01-20 800-255-7828 IL 2581 DEBIT CARD RECURRING PYMT	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-81.23
01/22/2024	Indeed 88008228 01-19 800-4625842 TX 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-500.56
01/23/2024	Online Transfer to CHK ...1561 transaction#: XXXXXX1486 01/23	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-428.00
01/29/2024	Online Transfer to CHK ...1579 transaction#: XXXXXX1484 01/29	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-500.00
01/31/2024	Online RealTime vendor payment XXXXXX1813 Payment Id REFERENCE#: XXXXXX1813RX to Jill Torres 5590	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-165.00
01/31/2024	ALLSTATE *PAYME 01-30 800-255-7828 IL 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-589.11
01/31/2024	Indeed 88203423 01-30 800-4625842 TX 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-508.18
01/31/2024	To close the open invoice - received payment to applied	Due To Applied Pediatrics, Inc	-Split-	-1,376.92
01/31/2024	To close the open invoice - received payment to applied	Due To Applied Pediatrics, Inc	-Split-	-855.00
02/01/2024	Online Transfer to CHK ...1561 transaction#: XXXXXX5417 02/01	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-350.00
02/01/2024	Online Transfer to CHK ...1561 transaction#: XXXXXX1993 02/01	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-350.00
02/01/2024	Online Transfer to CHK ...1561 transaction#: XXXXXX2036 02/01	Due To Applied Pediatrics, Inc	Chase-APT Income 3105 *	-5,255.15
02/02/2024	TOPECHELON.COM 02-01 330-455-1433 OH 2581 DEBIT CARD PURCHASE	Due To Applied Pediatrics, Inc	Truist Operating Account # 8115	-499.50
02/02/2024	Online Transfer to CHK ...1561 transaction#: XXXXXX7679 02/02	Due To Applied Pediatrics, Inc	Chase-OPEX 3097*	-500.00
<b>TOTAL</b>				<b>-\$ 651,730.31</b>



**United States Bankruptcy Court  
Northern District of Georgia**

In re **Atlanta Pediatric Therapy, Inc.**

Debtor(s)

Case No. **24-51457**  
Chapter **11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>George Rosero</b>	<b>Equity</b>	<b>100</b>	<b>Equity</b>

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **February 29, 2024**

Signature **/s/ George Rosero**  
**George Rosero**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
Northern District of Georgia**

In re **Atlanta Pediatric Therapy, Inc.**

Debtor(s)

Case No. **24-51457**

Chapter **11**

**VERIFICATION OF CREDITOR MATRIX**

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **February 29, 2024**

**/s/ George Rosero**

**George Rosero/President**

Signer/Title

Accolade Consultants  
8308 Dr Office Park  
Douglasville, GA 30134

Applied Pediatrics Inc.  
6035 Peachtree Road  
Ste. C120  
Atlanta, GA 30360

Atipana Credit  
25 SE 2nd Ave  
Ste 550 PMB 79  
Miami, FL 33131

Availity  
PO Box 844793  
Dallas, TX 75284

Capital One Spark Business  
Attn: Ricahrd D. Fairbank  
1680 Capital One Dr.  
Mc Lean, VA 22102

CFG Merchant Solutions  
180 Maiden Ln  
Suite 1502  
New York, NY 10038

Checkr  
1 Montgomery St, Suite 2400  
San Francisco, CA 94104

Chris Carr, Attorney Genr'l GA  
Office of the Attorney General  
40 Capitol Square, SW  
Atlanta, GA 30334

Cintas Fire  
PO Box 636525  
Cincinnati, OH 45263

CSC, as rep  
P.O. Box 2576  
Springfield, IL 62708

CT Corporation System, as rep.  
330 N Brand Blvd  
Suite 700; Attn: SPRS  
Glendale, CA 91203

E3 Diagnostics  
3333 N. Kennicott Ave  
Arlington Heights, IL 60004

Eminent Funding, LLC  
1202 Avenue Ste 1115  
Brooklyn, NY 11229

Experity  
8777 Vlocity Dr  
Machesney Park, IL 61115

Forest Captial  
Post Office Box 978  
Brooklandville, MD 21022

Funding Metrics, LLC (Lendini)  
1 Evertrust Plaza  
Suite 1101  
Jersey City, NJ 07302

Fundr Capital, Inc.  
43 W 23rd Street  
New York, NY 10010

George Rosero  
1740 Centry Circle NE  
Apt. 1375  
Atlanta, GA 30345

Georgia Deparment of Revenue  
Taxpayer Services Division  
P.O. Box 105499  
Atlanta, GA 30348

Georgia Department of Labor  
Suite 900  
148 Andew Young Internat'l Blv  
Atlanta, GA 30303

Jeong Oh America LLC  
45 Old Peachtree Rd NW Ste 700  
Suwanee, GA 30024

Kimberly Rosero  
1551 Crestline Drive NE  
Atlanta, GA 30345

Lending Funding Metrics  
3220 Tillman Drive, Suite 200  
Bensalem, PA 19020

Liquidibee 1 LLC  
2999 NE 19th St.  
Miami, FL 33180

Modio Health Inc.  
2228 W. Great Neck Rd  
Suite 205  
Virginia Beach, VA 23451

Office of the Chief Co. IRS  
1111 Constitution Ave  
Washington, DC 20224

Payroll Funding Company LLC  
10956 Viaje Avenue  
Las Vegas, NV 89135

Raintree  
30650 Rancho California Rd  
Ste 406 # 208  
Temecula, CA 92591

Reminder.call  
115 E. Stevens Ace  
Suite 300  
Valhalla, NY 10595

RPT LLC  
Promenade at Pleasant Hill  
PO Box 350018  
Duluth, GA 30096

Sfax  
PO Box 102011  
Pasadena, CA 91189

U.S. Attorney  
600 Richard B. Russell Buildin  
75 Ted Turner Drive, SW  
Atlanta, GA 30303

U.S. Attorney General  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001

U.S. Small Business Admin.  
2 North Street, Suite 320  
Birmingham, AL 35203

Wells Fargo Equipment Finance  
733 Marquette Ave., Suite 700  
MAC N9306-070  
Minneapolis, MN 55402

**United States Bankruptcy Court  
Northern District of Georgia**

In re **Atlanta Pediatric Therapy, Inc.**

Debtor(s)

Case No. **24-51457**

Chapter **11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Atlanta Pediatric Therapy, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

**George Rosero**

☐ None [*Check if applicable*]

**February 29, 2024**

Date

**/s/ Cameron M. McCord**

**Cameron M. McCord 143065**

Signature of Attorney or Litigant

Counsel for **Atlanta Pediatric Therapy, Inc.**

**Jones & Walden, LLC**

**699 Piedmont Avenue NE**

**Atlanta, GA 30308**

**404-564-9300 Fax:404-564-9301**

**info@joneswalden.com**